

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/502614

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
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26		2				
27		2				
28		2				
29						
30		2				
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33		2				
34		2				
35		①				
36		①				
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39		①				
40		①				
41		①				
42		①				
43		①				
44		①				
45		①				
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	45	←		←		←
TOTAL CLAIMS	48					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						